

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71422	12-27-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	9/3/00
2	11/20/00
3	02/03/01
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19	
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21	✓ ✓ ✓
22	✓ 0 0
23	✓ 0 0
24	✓ 0 0
25	✓ ✓ ✓
26	✓ ✓ ✓
27	✓ ✓ ✓
28	✓ ✓ ✓
29	✓ ✓ 0
30	✓ ✓ ✓
31	✓ ✓ ✓
32	✓ ✓ ✓
33	✓ ✓ ✓
34	✓ ✓ ✓
35	✓ ✓ ✓
36	✓ ✓ ✓
37	✓ ✓ ✓
38	0 0 0
39	0 0 0
40	= = =
41	= = =
42	= = =
43	= = =
44	= = =
45	= = =
46	= = =
47	= = =
48	= = =
49	= = =
50	= = =

Claim	Date
Final	
Original	
51	9/20/03
52	"
53	"
54	"
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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